State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965300	A. Building B. Wing	09/17/2015

Name of Facility	Street Address, City, State, Zip Code
GOLDEN SUNSET	5019 MAGPIE DRIVE NEW PORT RICHEY, FL 34652

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS: 58A-5.0181(2 LSC	Correction Completed 09/17/2015	ID Prefix A0010 Reg. # 429.26(1&9) FS: 58A-5.0181(LSC	Correction Completed 09/17/2015	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 09/17/2015
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 09/17/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 09/17/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 09/17/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	TLA	9/21/15			
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	
07/31/2015		YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2015

Administrator
Golden Sunset
5019 Magpie Drive
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 17, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State Form (5000-3547)

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